∞	
041928	
σ,	
4	
0	
_	
90	
ū	9
9	
≘	_
≘	5
9	-
9	_
0	5
	5
	•
Ξ,	-
DELR3 00000028	
_	

E H		
1/15/200	01 FC:1501	02 FC:1504

NOV. 14. 2005 1	1:04AM 3029	924773 DUP	TAY THO	REC	CTR	NO. 318	37 P. 1	
PART B - FEE(S) TRANSMITTAL								
Complete and send the form, together with applicable fee(s), to: Mail  NOV 1 4.2005  or Fax			<u>[ail</u>	Mail Stop ISSUI Commissioner for P.O. Box 1450 Alexandria, Viry (571) 273-2885	or Patents			
INSTRUCTIONS: This fit appropriate All further or indicated the AARTH maintenance fits particulation CURRENT CORRESPONDEN	orne Chould be used for trought of the condense including the color or directed otherwise ins.  CE ADDRESS (Note: Use Block 1 for	amitting the ISSU Patent, advance or in Block 1, by (a	E FEE and P dors and notif ) specifying a	UBLIC fication new co	ATION FEE (if requ of maintenance fees prespondence address		should be completed where correspondence address as arate "FBR ADDRESS" for or demosite mailines of the	
E I DU PONT D LEGAL PATENT BARLEY MILL F	-	COMPANY	•		Ce	rtificate of Mailing or Tren	or demostic mailings of the for any other accompanying cut or formal drawing, must smission in the United states and in an envelope above to being facsimile date indicated below.	
4417 LANCASTE WILMINGTON, I					Carol Ree	der	(Depositor's name)	
S. Neil Felt					Carol	Leede	(Signplure)	
•					November	14, 2005	(Date)	
APPLICATION NO.	PILING DATE		TRST NAMED	INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/700,003	11/03/2003		Qiong (	Cheng		CL1646USDIV	5012	
APPLN. TYPE	SMALL ENTITY	188UE F	ā.	PU	BLICATION FEE	TOTAL PER(8) DUE	DATE DUE	
nunprovisional	NO	31400			\$300	\$1700	12/22/2005	
EXAN	INBR	ART UN	T	CL	ASS-SUBCLASS	1		
PAK, Y	ONG D	1652			536-100000	,		
1. Change of correspondence address or indication of "Fee Address" (37  CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Foo Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer of a single firm (having as a member a registered attorney or agent) and the names of up to 2 invision of a single firm (having as a member a registered attorney or agent) and the names of up to 2 invision of a single firm (having as a member a registered attorney or agent) and the names of up to 2 invision of a single firm (having as a member a registered attorney or agent) and the names of up to 2 invision of a single firm (having as a member a registered attorney or agent) and the names of up to 2 invision of a single firm (having as a member a registered attorney or agent) and the names of up to 2 invision of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered attorney.								
"Fco Address" indicate PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indica or more recent) attached. Use	tion form of a Customer	registered a 2 registered listed, no na	is of a si ittorney I patent i ame will		rember a 2 cs of up to no name is 3		
"Fco Addross" indical PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAMB AND	tion (or "For Address" Indies or more recent) attached. Use D RESIDENCE DATA TO B	tion form of a Customer B PRINTED ON T	HE PATENT	(print or	ingle firm (having as a or agent) and the nam attorneys or agents. If be printed.			
"Fco Addross" indicate PTO/8B/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	tion (or "Fee Address" Indice or more recent) attached. Use PRESIDENCE DATA TO B an assignce is identified be 137 CPR 3.11. Completion	tion form of a Customer B PRINTED ON T clow, no assignee of this form is NOT	HE PATENT ata will appea a substitute fo	(print or ar on th or filing	hgle firm (having as a or agent) and the nam attorneys or agents. If be printed.  Type)  type)  patent, If an assign an assignment.	co is identified below, the d	ocument has been filed for	
"Fco Addross" indical PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAMB AND	tion (or "Fee Address" Indicator more recent) attached. Use PRESIDENCE DATA TO Be an assignee is identified be 137 CPR 3.11. Completion of the completion of	tion form of a Customer  B PRINTED ON Telow, no assignee cof this form is NOT	HE PATENT (  alta will apper  a substitute for   RESIDENCE	(print or ar on th or filing 3: (CITY	ingle firm (having as a or agent) and the nam attorneys or agents. If be printed.	oc is identified below, the d	ocument has been filed for	
"Fco Addross" indicate PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  E. I. du Pont d  Please check the appropriate 4a. The foltowing fee(s) are	tion (or "Fee Address" Indicator more recent) attached. Use PRESIDENCE DATA TO Be an assignee is identified by 137 CPR 3.11. Completion (EE e Nemours and (	tion form of a Customer  B PRINTED ON T  blow, no assigned of this form is NOT  (B)  Company  nies (will not be put	HE PATENT  Late will apper a substitute ft  RESIDENCE  W:	(print or ar on th or filing 3: (CITY ilmin tent):	highe firm (having as a or agent) and the name attorneys or agents. If be printed.  Type)  Type)  Type  Type  The patent. If an assign an assignment.  The patent of t	cc is identified below, the d		
"Fco Addross" indicate PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  E. I. du Pont d  Please check the appropriate 4a. The following fee(s) are	tion (or "Fee Address" Indicator more recent) attached. Use PRESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion (BE) e Nemour's and (Caracteristics and (Caracteristics) assignee category or category enclosed:	tion form of a Customer  B PRINTED ON T blow, no assigned of this form is NOT  (B)  Company  nes (will not be pri	HE PATENT  alp will apper a substitute ft  RESIDENCE  Will  alted on the pat  Payment of Ft  A check in	(print or ar on the br filing 3: (CITY ilmin tent):	ingle firm (having as a or agent) and the nam attorneys or agents. If the printed.  Type)  c patent. If an assign an assignment.  and STATE OR COUNTY of the printed.	ce is identified below, the d JNTRY) VATE proporation or other private go		
"Fco Addross" indicate PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  E. I. du Pont d  Please check the appropriate 4a. The following fee(s) are	tion (or "Fee Address" Indicator more recent) attached. Use  PRESIDENCE DATA TO B  RESIDENCE	tion form of a Customer  B PRINTED ON T clow, no assignee c of this form is NOT  COMP any  ries (will not be pri  4b.	HE PATENT  Alp will apper a substitute for RESIDENCE With  Mitted on the pat Payment of For A check in Payment of the	(print or ar on the or filing 3: (CITY ilmin tent): 'cc(s): o the sme by credit	ingle firm (having as a or agent) and the name interneys or agents. If the printed.  Type)  c patent. If an assign an assignment.  and STATE OR COUNTY Delay  Individual County of the fee(s) is on eard. Form PTO-2038	cc is identified below, the d  UNTRY)  VATE  Deparation of other private go  closed.  Is attached.	onp antity Government	
"Fco Addross" indicate PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  E. I. du Pont d  Please check the appropriate 4a. The following fee(s) are I signe fee  Publication fee (No s Advance Order - # of	tion (or "Fee Address" Indicator more recent) attached. Use  PRESIDENCE DATA TO B  RESIDENCE	e of a Customer  B PRINTED ON T  clow, no assignee of this form is NOT  (B)  Comp any  ries (will not be pri  4b.	HE PATENT  Alp will apper a substitute for RESIDENCE With  Mitted on the pat Payment of For A check in Payment of the	(print or ar on the or filing 3: (CITY ilmin tent): 'cc(s): o the sme by credit	ingle firm (having as a or agent) and the name interneys or agents. If the printed.  Type)  c patent. If an assign an assignment.  and STATE OR COUNTY Delay  Individual County of the fee(s) is on eard. Form PTO-2038	ce is identified below, the d JNTRY) VATE proporation or other private go	onp antity Government	
"Fco Addross" indical PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  E. I. du Pont d  Please check the appropriate 4a. The following feo(s) are 1 is a fee 1 is a fee 1 in a following feo 1 is a fee 1 i	tion (or "Fee Address" Indicator more recent) attached. Use  PRESIDENCE DATA TO B  an assignee is identified be 137 CPR 3.11. Completion of BE  Remours and ( assignee category or category enclosed:  mall entity discount permittee "Copies"  (from status indicated above MALL ENTITY status, See	tion form of a Customer  B PRINTED ON T clow, no assignee of this form is NOT  (B)  Comp any  ries (will not be pri 4b.  d)	HE PATENT  Late will appear a substitute for RESIDENCE  Winted on the par  Payment of P. A check in Payment of P. Deposit Accordance b. Applicar	(print or ar on the brailing as: (CITY illmin tent):  co(s):  the sum of the	ingle firm (having as a or agent) and the name attorneys or agents. If the printed.  Type)  T	ce is identified below, the d  JNTRY)  VATE  Deparation or other private generation or other private generation of other private generation of other private generation or other gener	etredit any overpryment, to opy of this form).	
"Fco Addross" indical PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  E. I. du Pont d  Please check the appropriate 4a. The following feo(s) are 1 is a fee 1 is a fee 1 in a following feo 1 is a fee 1 i	tion (or "Fee Address" Indicator more recent) attached. Use  PRESIDENCE DATA TO B  an assignee is identified be 137 CPR 3.11. Completion  BE  Remours and ( assignee category or category  enclosed:  mall entity discount permittee  "Copies"	tion form of a Customer  B PRINTED ON T clow, no assignee of this form is NOT  (B)  Comp any  ries (will not be pri 4b.  d)	HE PATENT  Late will appear a substitute for RESIDENCE  Winted on the par  Payment of P. A check in Payment of P. Deposit Accordance b. Applicar	(print or ar on the brailing as: (CITY illmin tent):  co(s):  the sum of the	ingle firm (having as a or agent) and the name attorneys or agents. If the printed.  Type)  T	ce is identified below, the d  JNTRY)  VATE  Deparation or other private generation or other private generation of other private generation of other private generation or other gener	etredit any overpryment, to opy of this form).	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and silbmidting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be scar to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE